Cambria County, Pennsylvania

The 1889 Jefferson Center for Population Health, a partnership between 1889 Foundation and Jefferson College of Population Health, is working toward improving care coordination through a Community Care HUB over the next two years.

Goals

- Strengthen collaborative relationships between social service providers, health care providers, and the community
- Increase access to food security services and health care by impacting systems-level policy change through the mobilization of Community Health Workers
- Collaborate with partners to inform and create a community-wide food security approach

Background

- Population size: 152,598
- Cambria County ranked 65th out of 67 counties for health outcomes in the state
- A high prevalence of diabetes and low birth weight births pose as some of the largest health issues in the county

Success Stories

- Met with CBOs and health care providers in Cambria County to learn about services, share HUB plans, and brainstorm collaboration ideas
- Changed policies and procedures to promote access to foods that support healthy eating patterns
- Expanded HUB population to household/family members of pregnant women so that entire family unit is served

Key Milestones from July – December 2020

- 35 partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns
- 25 community convenings or meetings related to access to foods that support healthy eating patterns
- 14 individuals engaged in training or capacity-building to address inequities in the health system

Follow their social media!

@1889Foundation @jeffersonuniv
@JeffersonJCPH 1889foundation.org
Chula Vista, California

The University of California San Diego Center for Community Health, the San Diego County Childhood Obesity Initiative and other community partners offer a collaborative and innovative nutrition program to connect residents with the resources needed to achieve food security.

Goals

- Increase food security levels, and obesity prevention among Chula Vista community members
- Develop a Resident Leadership, Advocacy, Policy, Systems and Environmental Change program

Background

- Population size: 272,000
- 33% of Chula Vista residents have low access to a supermarket
- 33% Chula Vista Census tracks are considered low-income and with low-access to a supermarket

Success Stories

- Resident Leaders are receiving stipends for their contribution of time and energy, something has never been done before for the city’s resident leaders
- Onboarded promotores, or community health workers, and engaged them with community residents to support food security and obesity prevention efforts
- Recruited ten Resident Leaders

Key Milestones from July – December 2020

- 248 individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns
- 75 community convenings or meetings related to access to foods that support healthy eating pattern
- 14 individuals provided with foods that support healthy eating patterns and nutrition services

Follow their social media!

@ucsandiegoyouth
ucsdcommunityhealth.org
@ucsandiegoyouth
Cincinnati, Ohio

In Cincinnati, Green Umbrella and The Health Collaborative—Gen-H are collaborating with partners to develop a coordinated solution to healthy food access and nutrition education in their city!

Goals

- Amplify community voice in governance of food security and health programs
- Coordinate programs of food access, affordability and education
- Develop model policies and procedures for amplifying community voice in systems governance

Background

- Population size: 302,615
- Approximately 30% of adults are food insecure
- 46% of the population live in areas with limited access to supermarkets with healthy and nutritious food
- 72% of those with limited supermarket access live in low-income neighborhoods

Success Stories

Compiled baseline measures of organizational diversity, equity, inclusion and collaboration of food organizations

Crafted deep connections with local government, health care institutions, and big retail companies

Co-created a work plan with partners and community members

Key Milestones from July – December 2020

3,653

individuals reached through public communications that promote advocacy, transparency, awareness or knowledge of the food system

65

community convenings or meetings related to access to foods that support healthy eating patterns

14

partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns

Follow their social media!

@GreenUmbrellaCIN @GreenUmbrellacy

@GreenUmbrella @greenumbrellacy

www.greenumbrella.org
Cleveland, Ohio

Baldwin Wallace University, alongside other partners, are working with Community Health and Empowerment Navigators to increase their community’s voice and engagement to advocate for health equity in their city.

**Goals**

- Hire and train residents and public health students who will improve their knowledge of food insecurity and health inequities
- Screen low-income families and identify and enroll those most vulnerable to food insecurity
- Establish a Community Navigators in Cleveland Neighborhoods Advisory Board

**Background**

- Population size: 385,282
- 20% of city residents are food insecure.
- In 2019, Cleveland was ranked high in the US in terms of child poverty. Poverty affects 48.7% of children in the city.

**Key Milestones from July – December 2020**

- 10,121 individuals reached through public communications that promote advocacy, transparency, awareness or knowledge of the food system
- 165 community convenings or meetings related to access to foods that support healthy eating patterns
- 123 partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns

**Success Stories**

- Community Health and Empowerment Navigators have been hired for the project
- These Navigators have directly interacted with community residents in need of food resources
- These Navigators have also made other food and health services referrals for community residents to other institutions such as food services, clothing, housing organizations, etc.

**Follow their social media!**

@baldwinwallace university  @BaldwinWallace  bw.edu
Collier County, Florida

Southwest Florida Regional Planning Council and their partners are using a food policy council and working across sectors to improve public health and prevent chronic disease in Collier County.

Goals

- Build engagement, support, and credibility of the Food Policy Council as an effective deliberative body
- Develop a portfolio of policy and systems changes
- Strengthen communication and partnership across sectors
- Build a resilient supply chain for local growers of all scales

Background

- Population size: 384,902
- There has been a drastic increase in the incidence of strokes and other chronic conditions in the past few years.
- The Immokalee community, located in Collier, is part of a federally designated Promise Zone, signifying they’ve been historically impoverished and in need of food resources.

Success Stories

- Collier County Food Policy Council successfully built communication and partnership across sectors to ensure a resilient food supply
- Hired a Food Policy Coordinator who is responsible for convening and coordinating project research, policy and programmatic efforts of the Council and agency partnerships
- Food Policy Coordinator is currently drafting a Proclamation for the Collier County Board of County Commissioners

Key Milestones from July – December 2020

- 250,000 new food access points
- 37 new food access points
- 320,000 individuals provided with foods that support healthy eating patterns

Follow their social media!

@SFRPC  @sfrpc  swfrpc.org
Cumberland County, North Carolina

Cumberland County Department of Public Health and partners are improving food accessibility by partnering with local residents, developing a food policy council and using community data to understand the needs of their locality.

Goals

- Sign a charter between Cumberland County and Ft. Bragg that establishes a joint County and Installation Food Policy Council
- Commence a Food System Assessment, including at least three policy recommendations
- Implement at least two policies, systems, or environmental priorities identified by the Food Policy Council

Success Stories

Formation of multiple subcommittees: one subcommittee will assist with food environment assessments, and the other will assist in the establishment of a Joint Cumberland County/Ft. Bragg Food Policy Council

Partners hosted a Healthiest Cities and Counties Kick-Off meeting for community partners to connect

Strengthened relationship with homeless serving agencies

Background

- Population size: 332,330
- 20 census tracts met the definition of a food desert, including five census tracts located on Ft. Bragg.
- 13% of residents have limited access to healthy food and nearly 19% of residents are considered food insecure.

Key Milestones from July – December 2020

- 8 community convenings or meetings related to access to foods that support healthy eating pattern
- 50 individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns
- 22 partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns

Follow their social media!

@Cumberland NC  co.cumberland.nc.us
@Cumberland NC  @cumberland countync
Deerfield Beach, Florida

By strategically connecting new and existing community leaders, FLIPANY and partners are paving the way to show how today’s youth can bring together local and regional health services through meaningful engagement!

Goals

- Access to affordable fruits and vegetables
- Provide families with network by which to communicate ideas to local leaders in order to impact health-related policies and systems within their community

Background

- Population size: 267,503
- Low-income, ethnic minority youth are at risk of chronic conditions like obesity, especially Black and Latino children.
- 82% of students in public schools in Deerfield are eligible for free or reduced lunch.

Success Stories

- FLIPANY leveraged the Challenge to receive matched funding from the Children’s Services Council of Broward County to support efforts related to food insecurity
- Students registered to be part of Wellness Challenges to participate in creative video journaling exercises
- Challenge provided funding for the Wellness Coordinator position, which is an essential role for implementing systems and procedural changes in school settings

Key Milestones from July – December 2020

- 6 community convenings or meetings related to access to foods that support healthy eating patterns
- 39 individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns
- 230 individuals provided with foods that support healthy eating patterns

Follow their social media!

@FLIPANY
flipany.org

@FLIPANY
@FLIPANY

@FLIPANY
@FLIPANY
Dougherty County, Georgia

Dougherty County, with Flint River Fresh, Inc. and University of Georgia Cooperative Extension, brings together the brilliant minds of its community to distribute food more equitably and educate residents through the Dougherty Fresh initiative.

Goals

- Identify the top two food deserts in Dougherty County
- Establish weekly mobile markets
- Partnership through the development of a food policy council
- Create a replicable model to use in other locations

Background

- Population size: 95,565
- 65% of Dougherty's population of Non-Hispanic African Americans have limited access to healthy food.
- Nearly 29% of the population live below the poverty level.
- 27% of residents suffer from food insecurity and 15 of 27 census tracts are in a defined food desert.

Success Stories

- Purchased materials for grow kits and marketing materials for Flint River Fresh, Inc. program
- Held first meeting with a neighborhood watch group
- Put together the preliminary list of food council members for a kickoff meeting

Key Milestones from July – December 2020

- 1 community convenings or meetings related to access to foods that support healthy eating pattern
- 15 individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns
- 15 individuals provided with foods that support healthy eating patterns

Follow their social media!

flinriverfresh.org

@flintriverfresh
Forsyth County, Georgia

Forsyth County Government and partners are forming a robust collaborative approach to close gaps for people with mental illness and/or substance use disorders who are involved in the criminal justice system through data-driven decisions.

**Goals**

- Improve care coordination for individuals with behavioral health issues by building a data system
- Integrate and share data via a cloud-based, high-security data platform
- Create a person-centered record and a mechanism to track interactions across health care providers and associated networks

**Background**

- Population size: 236,612
- Georgia ranks 47 out of 50 for access to mental health care.
- In 2018, the Forsyth County Sheriff’s Office responded to 487 suicide-related calls, a 53% increase over 2017.

**Key Milestones from July – December 2020**

- 14 community convenings or meetings related to access to health services
- 12 individuals that attended community convenings or meetings related to access to health services
- 2 partner organizations convened or engaged by the lead partner to promote access to health services

**Success Stories**

- Completed gathering sessions with partners to finalize data architecture and technical design of data-sharing infrastructure
- Project team is in the process of designing and developing the initiative’s data warehouse internally
- Attended a three-day workshop that served as a roadmap on how information throughout the county and community will be delivered

**Follow their social media!**

@ForsythCounty Government
forsythco.com
Greenbrier County, West Virginia

Goals

- Increase capacity to facilitate systems, environment, and policy change to advance health equity utilizing a social determinant of health and common agenda framework
- Develop a hub to advance health equity
- Develop a “clinic/community linkage” system locally to connect local healthcare organizations, providers, and patients with health promotion workshop opportunities

Background

- Population size: 35,279
- West Virginia has one of the nation’s highest burdens of chronic disease.
- Rural isolation has contributed to health disparities and increased the risk of residents developing chronic conditions.

Success Stories

Conducted meetings with partners in order to design a “community engaged health survey”

Scheduled trainings to support residents’ ability to actively manage chronic health conditions through development of “clinic-community connections” referral system

Receiving interest responses for their Ambassador Mini-Grant program and plan to connect with them later this year

Key Milestones from July – December 2020

- 4 organizational policies or procedures adopted or modified to promote access to foods that support healthy eating patterns
- 9 individuals engaged in training or capacity-building to address inequities in the food system
- 25 partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns

Follow their social media!

@GreenbrierCountyHealthAlliance  
crch.wvsom.edu

Greenbrier County Health Alliance and partners are distributing mini-grants and supporting community members to develop resident-led actions that address community needs related to accessing food and health services.
Kerrville, Texas

New Hope Counseling Center/Hope4Health, with Light on the Hill and Peterson Regional Medical Center, is working diligently to increase access points for food and nutrition education and provide dental services to Doyle residents.

Goals

- Improve health for Doyle residents by promoting healthy eating
- Reduce policy and systems barriers that create inequities
- Increase community engagement and resident leadership through system/policy changes

Background

- Population size: 22,347
- 61% of African Americans and 21% of Hispanics in the Doyle Community live below the poverty level.
- 69% of the African American residents have annual household incomes of $10,000 or less leading to limited access to health care and high levels of food insecurity.

Success Stories

- Hired food pantry manager and trained pantry manager and other Doyle residents to manage food pantry and distribution of food
- Dental screening tool created and screenings are actively being implemented at Peterson Clinic at Doyle
- Partners met with Mayor and City Council Member talked about how to give more power to the Doyle residents

Key Milestones from July – December 2020

343 individuals provided with foods that support healthy eating patterns
5 community convenings or meetings related to access to foods that support healthy eating patterns
9 partner organizations convened or engaged by the lead partner to promote access to health services

Follow their social media!

newhopecounselingtx.org

@NewHopeCounselingCenter
New Brunswick, New Jersey

Elijah’s Promise, with partners in youth services and education, are engaging youth leaders to help identify community needs and tackle some of the county’s most pressing needs through a paid internship program!

**Goals**

- Engage and educate high school students to civically engage with their school food system
- Implement institutional-level changes that improve the school food system and food education in students’ school districts

**Background**

- Population size: 57,073
- Students are served almost three times as much sugar in their breakfasts and four times as much in their lunches on average than what is recommended.

**Key Milestones from July – December 2020**

- 22 individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns
- 4 community convenings or meetings related to access to foods that support healthy eating patterns
- 6 partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns

**Success Stories**

- Developed a student/parent school food survey to collect valuable information about student school food experiences
- Established a substantial new relationship with New Brunswick Public Schools
- Taking steps towards creating a community school food advisory committee comprised of students, parents, community food system organizers, and school and city officials

**Follow their social media!**

@ElijahsPromise  elijahspromise.org

@ElijahsPromise  @ElijahsPromise
Orange County, New York

Orange County Department of Community Health Outreach and partners are reducing chronic disease for residents by aligning food insecurity screening and referral through county hospitals.

Goals

- Increase the number of health care systems who set up systems for food insecurity identification and referrals
- Increase number of referrals made by hospitals/health centers
- Increase number of food pantry lists made available to hospitals
- Increase number of Rx for Produce programs established and coupons used

Success Stories

- Three of their health care site partners have incorporated food insecurity questions into their screening procedures
- Provided a training to health care providers and community sites on local food assistance programs in Orange County
- Updated food pantry lists and created resource sheet on how to refer patients with food insecurity to food assistance programs

Key Milestones from July – December 2020

- 15 individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns
- 4 organizational policies or procedures adopted or modified to promote access to foods that support healthy eating patterns
- 6 individuals engaged in training or capacity-building to address inequities in the food system

Background

- Population size: 382,226
- Some areas of the county lack adequate access to quality food pantry’s, farmer’s markets and supermarkets.
- High poverty rates and low household median incomes have contributed to food insecurity throughout Orange County.

Follow their social media!

orangecountygov.com

@OrangeCountyGovernment
United Way of Passaic County and partners are fighting to address the health needs of Paterson by creating greener neighborhoods that promote physical activity and increasing access to foods that support healthy eating patterns.

**Goals**

- Expand summer meals and after school dinner programs in the City of Paterson
- Adopt healthy food procurement practices at institutions such as Paterson Public Schools
- Expand of community gardens in the City of Paterson

**Background**

- Population size: 267,503
- 37.4% of surveyed Paterson residents reported being food insecure.
- 20% of adults in Paterson reported eating five or more servings of fruits and vegetables per day.
- Paterson has a “limited access to healthy food” of 14% with some sections of the city between 30–50% limited access.

**Key Milestones from July – December 2020**

- **4,000** individuals provided with nutrition education and support services
- **45** partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns
- **10,000** individuals provided with foods that support healthy eating patterns

**Success Stories**

- Expanded of Green Acres Community Garden and increased production and community engagement
- Formed a resident led community garden planning committee which identifies location for new community gardens
- Expanded number of days meals are offered through the meal distribution sites which increased the number of meals served by 20%

Follow their social media!

- @uwpassaic
- unitedwaypassaic.org
Perry County, Kentucky

The University of Louisville School of Nursing and partners are working hard to improve food security and diet-related health for county residents by identifying the root causes of food insecurity and strategies to improve healthy food accessibility.

Goals
- Conduct root cause analyses of food insecurity issues
- Increase food security screening
- Implement strategies to increase donations of healthy foods
- Coordinate existing food security services to ensure consistent access

Background
- Population size: 26,092
- Nearly 18% of Perry County households are food insecure.
- More than 90% of county residents do not consume recommended amounts of fruits and vegetables.

Key Milestones from July – December 2020
- 3,000 individuals provided with foods that support healthy eating patterns
- 27 partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns
- 25,000 individuals reached through public communications that promote advocacy, transparency, awareness or knowledge of the food system

Success Stories
- Partnered with new community groups like Save the Children and Farmers to Families Food Box
- Hired a project director for the project who is now CITI trained
- Coordinated food resources that will enhance the ability for retailers to donate food on any day of the week and will ensure that food resources are available to community members consistently

Follow their social media!
@uofl_son
@UofLSchoolOfNursing
louisville.edu/nursing
Goals

- Standardize data collection and measurement of food and health equity in Pittsburgh that will identify healthy food priority areas for policy action
- Develop and launch resident advisory program to meaningfully co-design policy and program change
- Develop a comprehensive citywide food and healthy equity policy

Background

- Population size: 302,407
- 2019 data shows 20% of Pittsburgh’s population lacked consistent access to adequate food.
- Pittsburgh’s poverty rate among minority groups remain four times higher than Whites.
- Black populations in Pittsburgh are more likely to report food and housing insecurity and to be diagnosed with chronic diseases.

Success Stories

Healthy food priority areas have been identified and mapped and are being utilized to recruit resident ambassadors

Scheduled to launch applications for their pilot resident program in Feb. and kick off the program in March 2021 after months of research and planning

Key Milestones from July – December 2020

- 6 partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns
- 1 organizational policy or procedure adopted or modified to promote access to foods that support healthy eating patterns
- 453 individuals reached through public communications that promote advocacy, transparency, awareness or knowledge of the food system

Follow their social media!

@BurghFoodPolicy
@PittsburghFoodPolicyCouncil
pittsburghfoodpolicy.org
Rochester, New York

Common Ground Health is working with partners to implement the city’s new Comprehensive Plan, Rochester 2034, which has an emphasis on equity and healthy living.

**Goals**
- Increase stakeholder and community engagement
- Spread public awareness
- Establish food policy councils to actively advance policies

**Background**
- Population size: 206,284
- Over a third of residents live in poverty.
- Rochester residents are twice as likely as their suburban counterparts to be stressed about purchasing healthy foods.

**Success Stories**
- Recruited resident leaders from the community to join the team and help lead their work
- Engaged community in online events to explain the project and ask the community for input and direction
- Launched a webpage to host information on food systems, policies, and the project

**Key Milestones from July – December 2020**

196 individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns

5 community convenings or meetings related to access to foods that support healthy eating patterns

4 partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns

**Follow their social media!**

@CommonGroundH

@CommonGroundHealth

commongroundhealth.org
Tompkins County, New York

Cradle to Career, a project of the Center for Transformative Action, and partners lead the Childhood Nutrition Collaborative, a community initiative that ensures food security in Tompkins County.

Goals

- Identify assets for and barriers to food security and review the current approaches being used to decrease food insecurity
- Embed the Childhood Nutrition Collaborative within other food systems initiatives to better inform change and influence sustainability
- Influence systems change that has the potential to increase food security for every young person pre-birth to age 24

Success Stories

- Distributed a community survey which included questions about food access and local food systems in an effort to gain better understanding of COVID’s impact on the community
- Created a Childhood Nutrition Collaborative Coordinator position, which holds outreach and relationship building central to this role
- Updated food pantry lists and provided resource sheet on how to refer patients with food insecurity to food assistance programs

Background

- Population size: 104,871
- Rates of food insecurity in Tompkins County are estimated to be 14%.
- The median income is below U.S. average, with 20% living in poverty.

Key Milestones from July – December 2020

- 35 individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns
- 21 partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns
- 14 community convenings or meetings related to access to foods that support healthy eating patterns

Follow their social media!

@TransformAction
@centerfortransformativeaction
centerfortransformativeaction.org
Wheeling, West Virginia

The City of Wheeling and partners is working to create what they call the “Edible Mountain,” a holistic, place-based youth wellness hub that aims to increase access to local food, physical fitness, social connection, and creative exploration.

**Goals**

- Improve physical health among youth, as measured by reduced prevalence and risk factors for childhood metabolic disorders
- Improve resilience among youth, as measured by reducing the impact of Adverse Childhood Experiences

**Background**

- Population size: 26,771
- Wheeling median household income for families with children is substantially lower than the state’s average.
- Wheeling’s urban core’s youth population suffers from metabolic disease and trauma at a disproportionately high rates.

**Key Milestones from July – December 2020**

- 9 individuals that attended community convenings or meetings related to access to foods that support healthy eating patterns
- 3 partner organizations convened or engaged by the lead partner to promote access to foods that support healthy eating patterns
- 3 community convenings or meetings related to access to foods that support healthy eating patterns

**Success Stories**

- Hired a new parks and recreation director
- Hiring process for coordinator is underway and being led by Never Bored Board, a youth leadership group
- Participated in meetings with Prevention and Research Partner to learn best practices regarding evaluation metrics, data collection, analysis

**Follow their social media!**

@cityofwheeling
@WheelingWV
wheelingwv.gov
Wilkes County, North Carolina

The Health Foundation, Inc., and partners, form the Wilkes Healthy Action Team to address Wilkes County’s health and safety needs through cross-sector, community-informed work.

Goals

- Authentically engage the community to develop policy, system, and environmental changes needed to enhance healthful eating
- Remove barriers that prohibit people from accessing healthy foods including transportation, cost, and knowledge of food preparation

Background

- Population size: 68,557
- Wilkes County has a high poverty rate of 19%, with with 13.8% being food insecure.
- 22.6% of children in Wilkes County live in homes that are food insecure.

Key Milestones from July – December 2020

- 3,900 individuals reached through public communications that promote advocacy, transparency, awareness or knowledge of the food system
- 2,252 individuals provided with foods that support healthy eating patterns
- 4 new food access points

Success Stories

- Distributed 24,000 meals to children 0–18 years old
- Recruited 6 Design Team Members with varied life experiences who will pilot ideas generated to explore the connection between the ability to access healthy foods and where a person lives
- Served 157 unduplicated people with 1,820 meals

Follow their social media!

@healthywilkes
healthywilkes.org